MARYLAND STATE DEPARTMENT OF HEALTH

10653

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Cecil — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RURAL
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Beverly (Middle) Jane (Last) Ashbridge

4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ✓

8. DATE OF BIRTH: 11-9-49

9. AGE last birthday: — yrs. If under 1 year: Months | Days 19 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Elkton

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Ashbridge

14. MOTHER'S MAIDEN NAME: Dorothy Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: George Ashbridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Meningitis - type undetermined	48 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (4583 1576)	(b) Meningocele	19 days
	(c) Osteogenesis Imperfecta Congenita	19 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Nov, 1949, to 28 Nov, 1949, that I last saw the deceased alive on 28 Nov, 1949 and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE: Hans H Hueber — (Degree or title) — ADDRESS: North East, Md — DATE SIGNED: 28 Nov '49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 11-29-49 | NAME OF CEMETERY OR CREMATORY: North East Methodist | LOCATION (City, town, or county) (State): North East, Cecil Co Md

DATE REC'D BY LOCAL REG.: Nov 29/49 | REGISTRAR'S SIGNATURE: F R Frazer | 24. FUNERAL DIRECTOR: Joseph R. Grant | ADDRESS: North East Md

RECEIVED
NOV 30 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10654

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) (Last) Benson

4. DATE OF DEATH (Month) November (Day) 30 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 15, 1885
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John S. Benson
14. MOTHER'S MAIDEN NAME Mary E. Denney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 213-09-8108
17. INFORMANT Mrs. Howard Benson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-vascular-renal disease — INTERVAL BETWEEN ONSET AND DEATH 3 months

Antecedent cause(s)

442

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1310

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Sept, 1949, to 30 Nov, 1949, that I last saw the deceased alive on 30 Nov, 1949, and that death occurred at 12:05 A.m., from the causes and on the date stated above.

SIGNATURE Allan R. Enschley (Degree or title) M.D. ADDRESS Middletown, Del DATE SIGNED 12-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec. 2, 1949
NAME OF CEMETERY OR CREMATORY Cecilton Cemetery
LOCATION (City, town, or county) Cecilton (State) Md.

DATE REC'D BY LOCAL REG. 12/2/49
REGISTRAR'S SIGNATURE Mrs Harold W. Cheyney
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington, Md.

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DEC 7 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10655

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PERRY POINT
LENGTH OF STAY (in this place): 10 yrs. 10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 406 Carolina Road

3. NAME OF DECEASED (Type or Print): (First) HERBERT (Middle) - (Last) BOETTGER

4. DATE OF DEATH: (Month) Nov. (Day) 28, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 20, 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months 0, Days 8, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Conrad Boettger - deceased

14. MOTHER'S MAIDEN NAME: Elizabeth Zinkhan - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, bronchial, bilateral	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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107

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -- (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Nov. 18, 1939, to Nov. 28, 1949, that I last saw the deceased alive on Nov. 28, 1949, and that death occurred at 9:24 PM m., from the causes and on the date stated above.

SIGNATURE: A. E. Trollinger (Degree or title) ADDRESS: A. E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: Nov. 29, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 11-29-49
NAME OF CEMETERY OR CREMATORY: London Park
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: Nov. 29, 1949
REGISTRAR'S SIGNATURE: Irene E. Dunphy

24. FUNERAL DIRECTOR: Wm. J. Tichner & Sons, Inc.
ADDRESS: WM. J. TICHNER & SONS, North & Penna. Aves., Baltimore, Maryland

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

10656

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY Phil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural give location) 231 Green

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Bonugli
4. DATE OF DEATH (Month) 11 (Day) 11 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 1-4-1901
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver
10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (State or foreign country) Phila. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Angelo Bonugli
14. MOTHER'S MAIDEN NAME No information
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT W.T.Cowen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Disease.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) R.L.Dodson M.D. ADDRESS Rising Sun, Md. DATE SIGNED 11-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Nov. 11/49
NAME OF CEMETERY OR CREMATORY Phila, Pa
LOCATION (City, town, or county) (State) Phila Pa
DATE REC'D BY LOCAL REG. 11/11/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Kippin ADDRESS Elkton, Md

						Cecil	Penna	Phil.
						Elkton	Philadelphia	
						Union Hospital	231 Green	
						Joseph	Bonnafi	11 11 49
					M	W	Divorced 48	1-4-1901
					Truck driver	Trucking	Phila. Pa.	U.S.A.
					Angelo Bonnafi		No information	
					Yes		W.T.Cowen	

Acute Coronary Disease.

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						x	x	
							Rising Sun, Md.	11-11-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10657

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Emeline (Last) Brammer

4. DATE OF DEATH (Month) Nov. (Day) 11 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 22, 1900
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Floyd Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Ernest McGuffin
14. MOTHER'S MAIDEN NAME Mary Burnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. Robert Fisher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemiplegia Rt Side

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis

(c)

334

83d

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10, 1949, to 11-11, 1949, that I last saw the deceased alive on 11-11, 1949, and that death occurred at 9P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. L. Dodson MD
ADDRESS Rising Sun Md.
DATE SIGNED 11-13-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 14, 1949
NAME OF CEMETERY OR CREMATORY West Nottingham
LOCATION (City, town, or county) Near Colora (State) Md.

DATE REC'D BY LOCAL REG. 11/14/49
REGISTRAR'S SIGNATURE L. M. Whington
24. FUNERAL DIRECTOR J. Earl Tyson
ADDRESS Rising Sun, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10658

CERTIFICATE OF DEATH

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY CEC IL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST RURAL — LENGTH OF STAY (in this place) LIFE TIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY CEC IL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST RURAL
STREET ADDRESS (If rural, give location) ELK NECK

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EMMA		BRISCOE	11	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	COLORED	WIDOWED	1864	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	North East Rural, Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sam Dixon	No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	None	Ira Briscoe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute Coronary attack	1/2 hour
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C Blevins		North East, Md.	11-26-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-27-49	St. Marks AUMP	North East Rural Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-28-49	Sarah E. Rothermel	Joseph R. Grant	North East, Maryland

VS. A15

RECEIVED
NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10659

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glascow
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 213	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Edgar	(Middle) Lee	(Last) Capel	4. DATE OF DEATH	(Month) 11	(Day) 10	(Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-21-13	9. AGE last birthday 36 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Black smith	10b. KIND OF BUSINESS OR INDUSTRY Black smith	11. BIRTHPLACE (State or foreign country) Chestertown, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A				
13. FATHER'S NAME Otto Capel	14. MOTHER'S MAIDEN NAME Emily Isabelle Batchelor.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 221-05-5113	17. INFORMANT Majorie F. Capel					

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Compound fracture of base of skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound Fracture of left leg below kne ee

170C (c) abrasions of left side and back

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 213 (CITY OR TOWN) Elkton Rural (COUNTY) Cecil (STATE) Md.

TIME OF INJURY (Month) 11 (Day) 10 (Year) 49 (Hour) 7.15 P m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Hit by a automobile onn Route 213

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R.E. Dodson (Degree or title) MD. ADDRESS Rising Sun Md. DATE SIGNED 11-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11/14/49	NAME OF CEMETERY OR CREMATORY Glebe	LOCATION (City, town, or county) (State) New Castle, Delaware.
DATE REC'D BY LOCAL REG. 11/11/49	REGISTRAR'S SIGNATURE F R Frazer	24. FUNERAL DIRECTOR H W Pepper & Son	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

NOV 14 1949
BUREAU U. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Nottingham
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Nottingham
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Noah (Middle) Edward (Last) Conner

4. DATE OF DEATH: (Month) 11 (Day) 29 (Year) 1949

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 9-2-1914
9. AGE last birthday: 35 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electricoian
10b. KIND OF BUSINESS OR INDUSTRY: House wiring
11. BIRTHPLACE (State or foreign country): Coppers Hill. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Daniel Conner
14. MOTHER'S MAIDEN NAME: Lucy Stump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war, or dates of service) W.W.2
16. SOCIAL SECURITY NO.
17. INFORMANT: W.Daniel Conner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 22 long Rifle penetrating wound roof of mouth

976 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) and into the base of skull and brain

164c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) West Nottingham (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 11 (Day) 29 (Year) 49 (Hour) 5 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot himself with rifle 22.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: R.L. Dodson (Degree or title) M.D. ADDRESS: Rising Sun, Md. DATE SIGNED: 12-1-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Dec 2. 1949.
NAME OF CEMETERY OR CREMATORY: West Nottingham
LOCATION (City, town, or county): near Colora. (State) Md.

DATE REC'D BY LOCAL REG.: Dec 1-1949
REGISTRAR'S SIGNATURE: L M Worthington
24. FUNERAL DIRECTOR: J. E. Tyson ADDRESS: Rising Sun. Md.

M

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VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 9 1949
BUREAU V. S.

10661

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Near Elkton, Md
STREET ADDRESS (If rural, give location) Elkton R.D. 1, Md

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) (Last) Edmundsen
4. DATE OF DEATH (Month) 11 (Day) 1 (Year) 1949
5. SEX M.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 8 1870
9. AGE last birthday 79 yrs. If under 1 year: Months 2, Days 23; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer Retd
11. BIRTHPLACE (State or foreign country) Abington Va
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Thomas Edmundsen
14. MOTHER'S MAIDEN NAME Rachel Widner.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. D. Henderson Elkton R.D. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
450.1	Immediate cause	(a) Left Ventricular Failure	36 hrs
	Antecedent cause(s)		
99	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	unknown
		(c) Lower Extremities Gangrene Thrombosis	4 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to 31 Oct, 1949, that I last saw the deceased alive on 31 Oct, 1949, and that death occurred at 6:20 A.m., from the causes and on the date stated above.

SIGNATURE George Kreiss, Jr (Degree or title) ADDRESS Elkton, Md DATE SIGNED 11/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Remove Burial DATE Nov. 3/49 NAME OF CEMETERY OR CREMATORY Columbia Gardens LOCATION (City, town, or county) Clarington Va (State)

DATE REC'D BY LOCAL REG. 11/2/49 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change of birth date shown on:

FILM No. G 123 DEC 7 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10662 96

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE Md.; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown; LENGTH OF STAY (In this place) 79 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) ---

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	E.	Farr	II/	30/	49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	8/15/1870	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Francis E. Farr	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Geo. C. Lewis, Charlestown, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) Cerebral Haemorrhage	2 da
Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension / Arteriosclerosis	5 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 10/ 2, 1949, to 11/30, 1949, that I last saw the deceased alive on 11/30, 1949, and that death occurred at 8.30P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. F. Magraw		Perryville Md.	12/2/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/ 3/49	Angel Hill	Havre de Grace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 3, 1949	Irene E. Daugherty	Pennington & Son	Havre de Grace

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DEC 5 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

10663

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton; LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton; STREET ADDRESS (If rural, give location): 114 Bells Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James		Gilbert	11	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Col.	Married	1872	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lab.		Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Gilbert	Susan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Welfare Board

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442 Immediate cause	(a) Cardio vascular Renal disease.	
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Allen Dodson MD (Degree or title) ADDRESS: Rising Sun, Md. DATE SIGNED: 11-5-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 8 1949	Sandy Bottom	Near Fairlee Kent Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/5/49	F R Frazer	Marvin V. Williams	Chestertown

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10664

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH · COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 2 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital.	STREET ADDRESS (If rural, give location) 219 W. Main.

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) K.	(Last) Gilpin	4. DATE OF DEATH	(Month) Nov.	(Day) 26	(Year) 1949
5. SEX Female.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 17-1888	9. AGE last birthday 61 yrs.	If under 1 Months 8	I year Days 9	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Home.	11. BIRTHPLACE (State or foreign country) Elkton, Md	12. CITIZEN OF WHAT COUNTRY? USA.				
13. FATHER'S NAME Samuel King	14. MOTHER'S MAIDEN NAME Margaret McCafferty.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —	16. SOCIAL SECURITY NO.	17. INFORMANT Husband - John Gilpin					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Labor Pneumonia — 11-24

491 Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov. 24, 1949, to Nov 26, 1949, that I last saw the deceased alive on Nov. 26, 1949, and that death occurred at 11 20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bulford H. Sprecher, MD Elkton, Md Nov. 26-1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Nov. 29/49	NAME OF CEMETERY OR CREMATORY Catholic	LOCATION (City, town, or county) (State) Elkton, Md
DATE REC'D BY LOCAL REG. Nov 29/49	REGISTRAR'S SIGNATURE F R Frazer	24. FUNERAL DIRECTOR H W Pippin	ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10665

CERTIFICATE OF DEATH

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riding Sun | LENGTH OF STAY (in this place) 3 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riding Sun
STREET ADDRESS (If rural give location) mount Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carl	Gilpin	Hamilton	November	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widower	Feb. 16, 1878	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Delta, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Hamilton	Margaret Mc Fadden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no.		218-01-1938	Gladys Meeks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334 **Immediate cause** (a) Hemiplegia Right side

83d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria Sclerosis, Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 1948, to 11-25, 1949, that I last saw the deceased alive on 11-25, 1949, and that death occurred at 1.30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. L. Dodson MD		Rising Sun Md.	11/27-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 28, 1949	State Ridge	Delta,	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 27-49	L M Worthington	Ralph M Reed	Rising Sun Md

VS. A15

RECEIVED
NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10666

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) A. (Last) Hand

4. DATE OF DEATH: (Month) November (Day) 30 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-12-1885

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Leslie G. Owens

14. MOTHER'S MAIDEN NAME: Fannie Hewett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Paul Moody

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Haemorrhage — Interval Between Onset and Death: 4 da

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis Hypertension — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 26, 1949, to Nov 30, 1949, that I last saw the deceased alive on Nov. 30, 1949, and that death occurred at 6.35P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. F. Magraw M.D. Perryville Md Dec. 2 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12-3-1949

NAME OF CEMETERY OR CREMATORY: Asbury

LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: Dec. 3, 1949

REGISTRAR'S SIGNATURE: Irene E. Doughty

24. FUNERAL DIRECTOR ADDRESS: Lee A. Patterson & Son. Perryville, Md.

RECEIVED
DEC 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10667

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R.D. | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HENRY.	JEFFERSON	HARRIS	11	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M.	White	Married	no information	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North East Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. James Harris
14. MOTHER'S MAIDEN NAME: Elizabeth McKinney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Theodosia Harris

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malnutrition

2865 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under lying cause last — (b) Body decomposed.

200 a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: naturol causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R L Dodson (Degree or title) M.D. ADDRESS: Rising Sun Md DATE SIGNED: 11-25-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-26-49	North East Meth. Cem.	North East	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-25-49	Sarah E. Rothermel	Joseph R. Good	North East, Md

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RELEASE

VS. A15A

RECEIVED
NOV 29 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14668

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY Cecil
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, Rural
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, Rural
STREET ADDRESS (If rural, give location) Cokesbury

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) Rebecca (Last) Hodges

4. DATE OF DEATH (Month) Nov. (Day) 11, (Year) 1949

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 7-2-1904

9. AGE last birthday 45 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Tilden

14. MOTHER'S MAIDEN NAME Susan Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT John D. Hodges

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: 1 yrs.

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c) Chronic Arthritis — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1948, to Nov-10, 1949, that I last saw the deceased alive on Nov-10, 1949, and that death occurred at 2. A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. J. Benson, M.D. ADDRESS Port Deposit DATE SIGNED Md -

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-13-1949

NAME OF CEMETERY OR CREMATORY Cokesbury

LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. Nov. 13, 1949

REGISTRAR'S SIGNATURE Irene E. Donaghy

24. FUNERAL DIRECTOR Lee A. Patterson & Son. ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10669

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 1 Mo 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hodpital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 109 North Union Avenue

3. NAME OF DECEASED (Type or Print): (First) ANDREW (Middle) LYLE (Last) JACKSON

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 6, 1897

9. AGE last birthday: 52 yrs. If under 1 year: Months 8, Days 19, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): United States Marshall

10b. KIND OF BUSINESS OR INDUSTRY: Federal

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew J. Jackson

14. MOTHER'S MAIDEN NAME: Edna R. Rouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastasis from Carcinoma of Lung	Unk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Lung	Unk.
	(c)	

162
47d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: October 31, 1949

19b. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma of Lung

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 26, 1949, to Nov. 25, 1949, that I last saw the deceased alive on Nov. 25, 1949, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE: A. E. Trollinger (Degree or title) ADDRESS: A. E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: Nov. 26, '49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11-28-49 — NAME OF CEMETERY OR CREMATORY: Angel Hill Cemetery — LOCATION (City, town, or county) (State): Havre De Grace, Maryland

DATE REC'D BY LOCAL REG.: Nov. 26, 1949

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS: Lee A. Patterson

LEE A. PATTERSON, Perryville, Maryland

RECEIVED
NOV 29 1949
BUREAU V. D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10670

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
MARYLAND
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 214 Locust Terrace

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) F. (Last) LAWRENCE

4. DATE OF DEATH: (Month) Nov. (Day) 7, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 11-21-08

9. AGE last birthday: 40 yrs. If under 1 year: Months 11, Days 16, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pittsburgh, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William J. Lawrence - deceased

14. MOTHER'S MAIDEN NAME: Martha Gilmore - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): PT

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia, bilateral — 72 hrs.

Antecedent cause(s) — due to

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Tuberculosis, pulmonary, bilateral, moderately

(c) advanced

002
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I VA attended the deceased from Oct. 29, 1949, to Nov. 7, 1949, ~~that I last saw the deceased alive on~~, and that death occurred at 3:10 PM m., from the causes and on the date stated above.

SIGNATURE: A. E. Trollinger (Degree or title) ADDRESS DATE SIGNED

A.E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. Nov. 8, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 11-10-49

NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park

LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG.: Nov. 8, 1949

REGISTRAR'S SIGNATURE: Irma E. Dougherty

24. FUNERAL DIRECTOR: Holloway & Co. ADDRESS

HOLLOWAY & CO. FUNERAL HOME, Salisbury, Md.

VS. A13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 10671

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 400 S. Juniata Street ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELRIDGE	LEVI	LEEDOM	Nov.	1,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Married	Dec. 4, 1896	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Boiler Fireman	Govt. Hospital	Charlestown, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Levi Leedom - deceased	Carrie Ellen Boyd - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW-I	Unknown	Hospital records (Personnel)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary arteriosclerosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93e	(b) Myocarditis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R.L. Doctor	M.D.	RISING SUN, MARYLAND	11-1-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal-Burial	11-4-49	Angel Hill Cemetery	Havre de Grace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 3, 1949	Irma E. Daugherty	R. Madison Mitchell	R. MADISON MITCHELL, Havre de Grace, Md.

RECEIVED
1949
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10672

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: North Carolina; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wilson
STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print): (First) DOANE (Middle) - (Last) MORRIS

4. DATE OF DEATH: (Month) Nov. (Day) 7, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-11-1889

9. AGE last birthday: 60 yrs. If under 1 year: Months. 7 Days 26 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wilson, North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown - deceased

14. MOTHER'S MAIDEN NAME: Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WW-I

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculosis, pulmonary, active — Interval Between Onset and Death: Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) -- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I VA attended the deceased from Oct. 27, 1949, to Nov. 7, 1949, ~~that I last saw the deceased~~ alive on ~~XXXXXXXXXXXXXXXXXX~~, and that death occurred at 2:00 AM., from the causes and on the date stated above.

SIGNATURE: A. E. Trollinger (Degree or title) ADDRESS DATE SIGNED

A. E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. Nov. 8, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 11-8-49
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): Wilson, North Carolina

DATE REC'D BY LOCAL REG.: Nov. 8, 1949
REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son

PENNINGTON & SON, HAVRE DE GRACE, MD.

RECEIVED
NOV 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10673

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 1 mo. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1724 U. Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) LLOYD (Middle) B. (Last) MORTON

4. DATE OF DEATH: (Month) Nov. (Day) 27, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 1-13-1893

9. AGE last birthday: 56 yrs. If under 1 year: Months 10, Days 14. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): FALLS CHURCH, VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Morton, - deceased

14. MOTHER'S MAIDEN NAME: Ida Hunter - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WW-I

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Infarction, pulmonary, multiple — INTERVAL BETWEEN ONSET AND DEATH: 96 hours

Antecedent cause(s) due to

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular renal disease

(c)

442
1310

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): --

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR? --

22. I hereby certify that I VA attended the deceased from Oct. 5, 1949, to Nov. 27, 1949, that I last saw the deceased ~~alive on [illegible]~~, and that death occurred at 11:40 AM., from the causes and on the date stated above.

SIGNATURE: A. E. Trollinger (Degree or title): M.D., Chief Professional Services ADDRESS: VAH, Perry Point, Md. DATE SIGNED: Nov. 28, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: Nov. 28, 1949
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Fort Myer, Va.

DATE REC'D BY LOCAL REG.: Nov. 28, 1949
REGISTRAR'S SIGNATURE: Irma C. Dougherty

24. FUNERAL DIRECTOR: Taft H. Williams By R. Starke
ADDRESS: TAFT H. WILLIAMS 1702 12th St., N.W., Washington, D.C.

RECEIVED
DEC 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC 10674

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: CECIL
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PERRY POINT
LENGTH OF STAY (In this place): 1 Mo. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Adminstration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: ~~BALTIMORE~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE,
STREET ADDRESS (If rural, give location): 2706 Inglewood Ave.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) A. (Last) PARR

4. DATE OF DEATH: (Month) November (Day) 18, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June, 12, 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John M. Parr

14. MOTHER'S MAIDEN NAME: Catherine Schertle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If year, give war or dates of service): SAW

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records Veterans Adminstration Hospital, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure

334 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d

(b) Arteriosclerosis with cerebral vascular and cardiac manifestations.

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 6, 1949, to Nov. 18, 1949, that I last saw the deceased alive on ~~Nov. 18, 1949~~, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

VA

SIGNATURE: A.E. Trollinger (Degree or title) M.D. ADDRESS: Chief Professional Services, VAH, Perry Point, Md. DATE SIGNED: 11/19/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 11/23/49

NAME OF CEMETERY OR CREMATORY: Holy Redeemer

LOCATION (City, town, or county) (State): Baltimore City, Maryland

DATE REC'D BY LOCAL REG.: Nov. 19, 1949

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: George J. Ruth, Inc. ADDRESS: 735 Harford Ave., Baltimore 13, Md.

RECEIVED
NOV 28 1949
BUREAU V. B

MARYLAND STATE DEPARTMENT OF HEALTH BC

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10675

Reg. Dist. No. 06

1. PLACE OF DEATH · COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (in this place): 5 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administtation	STREET ADDRESS (If rural, give location): 1730 Harford Ave., ✓

3. NAME OF DECEASED (Type or Print)	(First) JOSEPH	(Middle) E.	(Last) PEARCE	4. DATE OF DEATH	(Month) Nov.	(Day) 9,	(Year) 1949
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE	8. DATE OF BIRTH: May 11,1891	9. AGE last birthday: 58 yrs.	If under 1 year: Months 5	Days 28	If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: WILLIAM W. PEARCE		14. MOTHER'S MAIDEN NAME: Ellen Ann McEntee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I	16. SOCIAL SECURITY No.: 714-10-5737	17. INFORMANT AND ADDRESS: Hospital Records	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

161 Immediate cause (a) Hemorrhage, cerebral — Unknown

Antecedent cause(s) due to

470 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the larynx with cerebral

(c) metastasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --	19b. MAJOR FINDINGS OF OPERATION: --	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): --	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): --	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? --

22. I hereby certify that ~~I~~ VA attended the deceased from Nov. 3, 1949, to Nov. 9, 1949, ~~that I last saw the deceased alive on 19~~ and that death occurred at 4:30 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willy Oppler

WILLY OPPLER, M.D., Acting Chief, Professional Services, VAH, Perry Point, Md. 11-10-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: Nov.10, 1949	NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery	LOCATION (City, town, or county) (State): Baltimore Co., Maryland
DATE REC'D BY LOCAL REG.: Nov. 10, 1949	REGISTRAR'S SIGNATURE: Irene E. Daugherty	24. FUNERAL DIRECTOR: George J. Ruth Dep. F. J. Cook	ADDRESS: GEORGE J. RUTH, INC., 1735 Harford Ave., Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 14 1949
BUREAU F. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10676

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown Del Rural
LENGTH OF STAY (in this place) 11 mo 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown Del. (Rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Donna (Middle) Claire (Last) Price

4. DATE OF DEATH (Month) 11 (Day) 4 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 11/25/48

9. AGE last birthday yrs. If under 1 year Months 11 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm. Price III

14. MOTHER'S MAIDEN NAME Elizabeth Shriver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Wm. Price III Middletown, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
051	Immediate cause	(a) Septic sore throat	3 days
1156	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bilateral otitis media	3 days
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/30/, 1949, to 11/4/, 1949, that I last saw the deceased alive on 11/4/, 1949, and that death occurred at 5.35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Allan R. Crockley M.D. ADDRESS Middletown, Del DATE SIGNED 11/6/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11/6/49

NAME OF CEMETERY ~~OR CREMATORY~~ St. Anne

LOCATION (City, town, or county) (State) Middletown Delaware

DATE REC'D BY LOCAL REG. 11/6/49

REGISTRAR'S SIGNATURE Mrs. Harold H. Okeyney

24. FUNERAL DIRECTOR G. Lester Daniels ADDRESS Middletown Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 9 1943
BUREAU V. D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10677

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Washington, D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, LENGTH OF STAY (in this place): 1y3mo10days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Adminstration Hospital	STREET ADDRESS (If rural, give location): 820 L St., N.E.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) H. (Last) RANDALL				4. DATE OF DEATH (Month) Nov. (Day) 23, (Year) 1949	
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Feb. 2, 1888	9. AGE last birthday: 61 yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Skilled Laborer	10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.	11. BIRTHPLACE (State or foreign country): Washington, D.C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: William Randall		14. MOTHER'S MAIDEN NAME: Martha Gordon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-1	16. SOCIAL SECURITY NO.: 234-13-4387	17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Maryland			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebrovascular Accident, secondary to	Aug. 13, 1948 to Nov. 23, 1949
331 Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from Aug. 13, 1948, to Nov. 23, 1949, ~~that I last saw the deceased alive on~~ ~~19~~ and that death occurred at 11:40 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.L. TROLLINGER, M.D., Chief, Professional Services		VAH, Perry Point, Md.	11/24/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removed	11/24/49	Arlington National Cemetery	Ft. Myer, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 24, 1949	Irene E. Dougherty	Frazier Funeral Home JHS	~~389 Rhode Island Ave.~~ N.W

FRAZIER FUNERAL HOME, Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 26 1969
BUREAU V. S.

10678

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville
LENGTH OF STAY (In this place): Always
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) WALLACE (Middle) W (Last) REYNOLDS

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-27-84

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. machinist

10b. KIND OF BUSINESS OR INDUSTRY: R.R. machine

11. BIRTHPLACE (State or foreign country): North East Md

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Reynolds

14. MOTHER'S MAIDEN NAME: Anna Lloyd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 717-07-5225

17. INFORMANT: Mrs W. W. Reynolds.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Acute Coronary disease — Interval between onset and death:

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under lying cause last (b):

940a

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. E. Dodson (Degree or title): MD ADDRESS: Rising Sun Md. DATE SIGNED: 11-14-49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-16-49
NAME OF CEMETERY OR CREMATORY: North East Methodist
LOCATION (City, town, or county) (State): North East Cecil Md

DATE REC'D BY LOCAL REG.: Nov. 14, 1949
REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR: Joseph R Leard ADDRESS: North East Md

1949
BUREAU U. S.

10679

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun — LENGTH OF STAY (In this place) 30 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) Thomas	(Last) Richards	4. DATE OF DEATH	(Month) Nov. (Day) 6 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 22, 1879	9. AGE last birthday 70 Years yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Road Engineer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Rising Sun, Md. Rural	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Granville Richards		14. MOTHER'S MAIDEN NAME Virginia Langdon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Mrs. Joseph Richards			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary thrombosis	5 yrs
462 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary thrombosis	2 wks
	(c) Myocardial failure	1 wk
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cancer descending colon	2½ yrs

19a. DATE OF OPERATION 2½ yrs ago	19b. MAJOR FINDINGS OF OPERATION Cancer descending colon removed.	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Nov 6, 1949, that I last saw the deceased alive on Nov 6, 1949, and that death occurred at 1:20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. M. Richards Jr.	M.D.	Port Deposit, Md.	11-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Nov. 9, 1949	NAME OF CEMETERY OR CREMATORY West Nottingham	LOCATION (City, town, or county) (State) Near Colora, Md.
DATE REC'D BY LOCAL REG. Nov 7-1949	REGISTRAR'S SIGNATURE L. M. Worthington	24. FUNERAL DIRECTOR J. E. Tyson, Rising Sun Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

FILED
MAY 10 1989
RICHARD W.

10680

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) R. D # 4

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) E. (Last) Russell

4. DATE OF DEATH (Month) November (Day) 25 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 2-1882
9. AGE last birthday 67 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Elkton, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harry Boulden
14. MOTHER'S MAIDEN NAME Mary E. Corridon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Daughter - Mrs. Fred Anderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 11-23

260 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1948, to Nov. 25, 1949, that I last saw the deceased alive on Nov. 25, 1949, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milford H. Sprecher, MD — ADDRESS Elkton — DATE SIGNED Nov. 26, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 11-28-49 — NAME OF CEMETERY OR CREMATORY Bay View Methodist — LOCATION (City, town, or county) North East Rural (State) Md

DATE REC'D BY LOCAL REG. 11/28/49 — REGISTRAR'S SIGNATURE F R Frazer — 24. FUNERAL DIRECTOR Joseph R. Grant — ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 30 1949
U.S.

10681

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil — STATE: MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville — LENGTH OF STAY (in this place): 13 mo. — HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville — STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JACQUELINE (Middle) (Last) SADOWSKI

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 12 Oct. 1948

9. AGE last birthday: 1 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10b. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WALLACE H. SADOWSKI

14. MOTHER'S MAIDEN NAME: BEATRICE SADOWSKI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 0

17. INFORMANT: WALLACE H. SADOWSKI

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

590 **Immediate cause** (a) Pneumonia - Virus in type — 3 days

119a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Meningitis — 2 weeks

(c) Acute Diarrhea - fulminating in type — 48 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1949, to Nov 14, 1949, that I last saw the deceased alive on Nov 13, 1949, and that death occurred at Nov 14 7:30A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel P. Poler	M.D.	Havre de Grace, Md.	Nov. 14, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	ADDRESS
Burial	11-15-49	Mt Lebanon	Philadelphia, Delaware Co. Pa	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 14, 1949	Irma E. Daugherty	Joseph R. Grant	North East, Md

RECEIVED
NOV 10 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10682

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: CECIL; STATE: MARYLAND; CITY OR TOWN: PERRY POINT; LENGTH OF STAY (in this place): 11 yrs. 7 mos. 13 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D.C.; COUNTY: ; CITY OR TOWN: WASHINGTON; STREET ADDRESS (If rural, give location): 926 T. Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) G. (Last) STARKS

4. DATE OF DEATH: (Month) Nov. (Day) 27, (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: May 23, 1890

9. AGE last birthday: 59 yrs. If under 1 year: Months 6, Days 4, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Eagle Rock, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Starks - deceased

14. MOTHER'S MAIDEN NAME: Annie Crawford - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Edema, cerebral, diffuse — Interval between onset and death: 72 hrs.

025 Antecedent cause(s) due to

30 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Paralysis of the Insane

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.): OF INJURY: -- (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Mar. 9, 1938, to Nov. 27, 1949, that I last saw the deceased [illegible] and that death occurred at 9:25 PM m., from the causes and on the date stated above.

SIGNATURE: A. E. Trollinger (Degree or title) ADDRESS DATE SIGNED

A. E. TROLLINGER, M.D., Chief Professional Services, VAH, Perry Point, Md. 11-29-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal; DATE: 11-30-49; NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery; LOCATION (City, town, or county) (State): Fort Myer, Va.

DATE REC'D BY LOCAL REG.: Nov. 30, 1949; REGISTRAR'S SIGNATURE: Irene E. Dougherty.

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son

PENNINGTON & SON, HAVRE DE GRACE, MD.

RECEIVED
DEC 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

10683

Evidence for addition in 18b shonw on:

FILM No. G 123 JAN 4 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point; LENGTH OF STAY (in this place) 1 mo. 27 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ~~Baltimore~~; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 620 N. FREEMONT STREET ✓

3. NAME OF DECEASED (Type or Print): (First) DANIEL; (Middle) -; (Last) TAYLOR

4. DATE OF DEATH: (Month) NOV. (Day) 1, (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: NOV. 1896

9. AGE last birthday: 52 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lancaster, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage, sub-dural	Approx. 36 hrs.
Antecedent cause(s)	due to	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tumor, cerebral ; Glioblastoma multiforme, malignant, brain. (1/4/50 A.S.)	
	(c)	

193
546

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Broncho-pneumonia, bilateral — 72 hrs.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): --

(CITY OR TOWN) (COUNTY) (STATE): --

TIME OF INJURY (Month) (Day) (Year) (Hour): --

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I VA attended the deceased from Sept. 4, 1949, to Nov. 1, 1949, ~~that I last saw the deceased~~ ~~alive on~~, and that death occurred at 9:03 AM m., from the causes and on the date stated above.

SIGNATURE: A. E. Trollinger (Degree or title) ADDRESS: A. E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: Nov. 2, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: Nov. 2, 1949

NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Nov. 2, 1949

REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR: Pennington & Son ADDRESS: PENNINGTON & SON, HAVRE DE GRACE, MD.

RECEIVED
NOV 4 1949
U.S. A.F.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10684

CERTIFICATE OF DEATH

Reg. Dist. No. 9x

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (in this place) 42 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) A. (Last) Wilson

4. DATE OF DEATH: (Month) Nov (Day) 4 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 4 1877

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lenni, Del Co., Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Ashworth

14. MOTHER'S MAIDEN NAME: Elizabeth Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: 216-05-6095

17. INFORMANT: Mrs Elmer Lake

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591 Immediate cause (a) Uremia Coma — Interval between onset and death: 1 day

Antecedent cause(s)

131b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Parenchymatous Nephritis — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1946, to Nov. 4, 1949, that I last saw the deceased alive on Nov 4, 1949, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James L. Johnson M.D. ADDRESS 245 E. High St Elkton DATE SIGNED Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 11/7/49
NAME OF CEMETERY OR CREMATORY: Union Methodist
LOCATION (City, town, or county) (State): Elkton Rural Md

DATE REC'D BY LOCAL REG. 11/7/49
REGISTRAR'S SIGNATURE: F R Frazer
24. FUNERAL DIRECTOR: Joseph R Grant ADDRESS: North East, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

10685

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Childs — LENGTH OF STAY (In this place) Lifetime — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Childs — STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) RAYMOND (Middle) V. (Last) YOCUM

4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Jan. 1877

9. AGE last birthday: 72. yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Worker.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Childs. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph T. Yocum.

14. MOTHER'S MAIDEN NAME: Catherine Spence.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Frank. Yocum.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary disease

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under lying cause last (b) Arterio sclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. L. Dodson (Degree or title) M.D. ADDRESS Rising Sun Md. DATE SIGNED 11-23-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11-26-49 — NAME OF CEMETERY OR CREMATORY: Cherry Hill Methodist C. — LOCATION (City, town, or county) (State): Cherry Hill Cecil C. Md.

DATE REC'D BY LOCAL REG. Nov 25/49 — REGISTRAR'S SIGNATURE E R Frazier

24. FUNERAL DIRECTOR: Joseph R. Grant — ADDRESS: North East, Md.

VS-A15A

RECEIVED
OCT 28 1919
BUREAU A. E.